

**PROFESSIONAL LICENSURE DIVISION[645]**

**Adopted and Filed**

**Rule making related to practice of respiratory care and polysomnography**

The Board of Respiratory Care and Polysomnography hereby amends Chapter 261, “Licensure of Respiratory Care Practitioners, Polysomnographic Technologists, and Respiratory Care and Polysomnography Practitioners,” and Chapter 262, “Continuing Education for Respiratory Care Practitioners and Polysomnographic Technologists,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code sections 148G.5 and 152B.6.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code sections 148G.5 and 152B.6.

*Purpose and Summary*

Item 1 corrects the name of the National Board for Respiratory Care. Item 2 updates the Board’s address. Items 3 and 6 clarify the required documentation for a background check. Applicants will get informational documents in a packet from the Board of Respiratory Care and Polysomnography that do not need to be submitted with a license application. This rule making clarifies that for the background check, the Board needs the cards and not the informational documents. Items 4 and 5 add options for respiratory care students seeking to meet the requirements for polysomnography licensure. This change in rule more closely matches options given in the Iowa Code. Item 7 changes the number of continuing education hours that a dual licensee must earn from in-person courses. This change brings the requirements in line with the other two licenses issued by the Board. Item 8 reletters paragraph 262.3(2)“e” as 262.3(2)“f” to allow for the new paragraph in Item 9. Item 9 allows licensees to earn continuing education for trainings that may not be related to a clinical process but are still in an area of education that is utilized by the practitioner in the practitioner’s regular practice.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on February 14, 2018, as **ARC 3617C**. A public hearing was held on March 7, 2018, at 8:30 a.m. in the Fifth Floor Conference Room 526, Lucas State Office Building, Des Moines, Iowa. No one attended the public hearing.

Public comment was received requesting that the Board change the term used to define a sleep education program. The current language uses “sleep add-on program” to reference additional education in polysomnography that respiratory care students may receive. The request from the public was to use the term “sleep specialist program option.” Public comment also requested that the Commission on Accreditation of Allied Health Education Programs (CAAHEP) be added as an accrediting body. These changes match the terminology used by the accrediting body Commission on Accreditation for Respiratory Care (CoARC).

After a review of public comments, the Board voted to change the language in Item 4 to allow for a program accredited by CoARC or CAAHEP and voted to change “sleep add-on program” to “sleep specialist program option” in Item 5. The Board believes the changes from the Notice do not impact the intent or implementation of the rule.

*Adoption of Rule Making*

This rule making was adopted by the Board on May 15, 2018.

### *Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

### *Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Board for a waiver of the discretionary provisions, if any, pursuant to 645—Chapter 18.

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

### *Effective Date*

This rule making will become effective on September 5, 2018.

The following rule-making actions are adopted:

ITEM 1. Amend rule **645—261.1(148G,152B)**, definition of “NBRC,” as follows:

“NBRC” means the National Board of for Respiratory Care.

ITEM 2. Amend paragraph **261.2(1)“a”** as follows:

a. The applicant shall complete a board-approved application packet. Application forms may be obtained from the board's ~~Web site (<http://idph.iowa.gov/Licensing>)~~ website ([idph.iowa.gov/Licensing](http://idph.iowa.gov/Licensing)) or directly from the board office or may be submitted electronically at <https://IBPLicense.iowa.gov>. Paper applications shall be sent to Board of Respiratory Care and Polysomnography, Professional Licensure Division, Fifth Floor, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319-0075.

ITEM 3. Amend paragraph **261.2(1)“d”** as follows:

d. The applicant shall submit two completed sets of ~~the~~ fingerprint ~~packet~~ cards to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint ~~packet~~ cards and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI) criminal history background checks shall be assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and FBI.

ITEM 4. Amend subrule 261.4(2) as follows:

**261.4(2)** Graduation from ~~a respiratory care~~ an entry into respiratory care professional practice program accredited by CoARC ~~and completion of the sleep add-on program accredited by CoARC. A~~ or CAAHEP for which a transcript shall be submitted to the board office directly from the college or university; ~~or~~ and direct-source verification of one of the following:

- a. Completion of a sleep specialist program option accredited by CoARC or CAAHEP, or
- b. Obtaining the sleep disorder specialist credential from the NBRC, or
- c. Obtaining the registered polysomnographic technologist credential from the BRPT; or

ITEM 5. Amend paragraph **261.5(2)“b”** as follows:

b. Completion of a sleep ~~add-on program~~ specialist program option accredited by CoARC—A or CAAHEP for which a transcript shall be submitted to the board office directly from the college or university; or and direct-source verification of one of the following:

- (1) Completion of the curriculum for a polysomnographic certificate established and accredited by the CAAHEP as an extension of the respiratory care program, or
- (2) Obtaining the sleep disorder specialist credential from the NBRC, or
- (3) Obtaining the registered polysomnographic technologist credential from the BRPT; or

ITEM 6. Amend subrule 261.14(3) as follows:

**261.14(3)** If the license has been inactive for two or more years, the licensee shall submit two completed ~~sets of the fingerprint packet~~ cards to facilitate a national criminal history background check. The cost for the evaluation of the fingerprint packet and the DCI and FBI criminal history background checks shall be assessed to the applicant. The board may withhold issuing a license pending receipt of a report from the DCI and FBI.

ITEM 7. Amend paragraph **262.2(1)“b”** as follows:

*b.* For respiratory care and polysomnography practitioner licensees: complete a minimum of 24 hours of continuing education. ~~Eighteen~~ Fourteen of the 24 hours of continuing education shall be earned by completing a program in which the instructor conducts the class in person or by employing an electronic technology that allows for real-time communication between the instructor and licensee. At least 8 hours but not more than 12 hours shall be on sleep-related topics.

ITEM 8. Reletter paragraph **262.3(2)“e”** as **262.3(2)“f.”**

ITEM 9. Adopt the following new paragraph **262.3(2)“e”**:

*e.* A maximum of 6 hours of continuing education may be obtained by completing programs which enhance a supplemental or complementary skill set directly related to the practice of respiratory care or polysomnography. Content areas include but are not limited to record keeping, electronic medical records, geriatric care, mandatory reporter training, and ethics.

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